PTO/SB/06 (07-06)

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U.S. Patent and Tradent Office; U.S. Debatt of U

P/	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/616,674			To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	LED	N/A		N/A	TLL (v)	l	N/A	TLL (9)
┢	(37 CFR 1.16(a), (b), o	or (c))							ł		
늗	(37 CFR 1.16(k), (f), c		N/A		N/A		N/A		l	N/A	
TO	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A			N/A	
(37	CFR 1.16(i)) EPENDENT CLAIM		minus 20 = *				x \$ =		OR	x s =	
	CFR 1.16(h))		m		IJ	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 t	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	DENT CLAIM PR	ESENT (3	7 CFR 1.16(j))]]	<u> </u>	
* If t	the difference in colu	r "0" in column 2.		TOTAL]	TOTAL				
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY			
\Box		CLAIMS REMAINING	Г	HIGHEST NUMBER	PRESENT EXTRA			ADDITIONAL			ADDITIONAL
AMENDMENT	01/10/2008	AFTER AMENDMENT		PREVIOUSLY PAID FOR			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
M	Total (37 CFR 1.18(i))	• 28	Minus	 30	= 0]	X \$25 =	0	OR	x s =	
ᆲ	Independent (37 CFR 1.16(h))	• 2	Minus	 3	= 0]	X \$105 =	0	OR	x s =	
Σ	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
						-	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=	1	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=]	x \$ =		OR	x \$ =	
ᇳ	Application Si	Application Size Fee (37 CFR 1.16(s))]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If th											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annuates to complete, another implication, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS